



COMMERCIAL

DEVELOPMENT SERVICES DEPARTMENT  
BUILDING PERMITS & INSPECTIONS DIVISION

IBC Code  
Datasheet  
Application

Case # \_\_\_\_\_

(Not to be filled out by applicant, assigned by BP & I)

|     |   |  |
|-----|---|--|
| 1.  | PID # _____   | (Central Appraisal Tax Identification Number)  |
| 2.  | Address _____   | Space _____                                    |
|     | Zoning Section of Planning, if Address has not been Designated, 541-4931  |  |
| 3.  | Legal Description:<br>Subdivision/Survey _____<br>Lot _____ Block _____<br>Verify Flood Zone in Subdivision Plan Review, 5 <sup>th</sup> Floor, City Hall, 915-541-4823 |  |
| 4.  | Architect/Contractor _____  | Phone _____                                    |
|     | Owner _____   | Phone _____                                    |
| 5.  | Scope of Work<br>New _____ Addition _____ Remodel _____ T.I. _____  |  |
| 6.  | Zone: _____ If SP or SC then provide Copy of Contract<br>(Zoning Map and Planning Division)   |  |
| 7.  | Total Number of Structures Proposed _____ (One Application per Structure)   |  |
| 8.  | Valuation of Project:<br>\$ _____   |  |
| 9.  | Occupancy / Use: _____ (Existing)<br>Occupancy / Use: _____ (Proposed)<br>Mixed Occupancy: 1. _____ 2. _____ 3. _____ 4. _____ (IBC Chapter 3)                          |  |
| 10. | Parking Required: Spaces _____ (Zoning Ordinance 20.64.170, www.elpasotexas.gov)  |  |
| 11. | Area Square Footage: (Remodel) _____  | S.F. NA _____                                  |
| 12. | New Square Footage: (Heated Area) _____   | S.F. NA _____                                  |
| 13. | Gross Square Footage: _____   | S.F. (New & Existing)                          |
| 14. | Construction Type: _____ (IBC Chapter 6)  |  |
| 15. | Occupant Load: _____ (IBC Table 1004.1.2)   |  |
| 16. | Inches of Egress Required: _____ (IBC Section 1005)   |  |
| 17. | Food Service: Health Dept. ....   | Yes _____ NO _____                             |
| 18. | Plans Include Swimming Pool/Spa: Health Dept. ....  | Yes _____ NO _____                             |
| 19. | Allowable Area: _____   | (Table 503 IBC)                                |
| 20. | Building Height: _____  | (Table 503 IBC)                                |
| 21. | Flood Plain Verified: .....   | Yes _____ NO _____                             |
| 22. | Preliminary Elevation Certificate Attached .....  | Yes _____ NO _____                             |
| 23. | Required Fire Rated Walls Designated: ....(Chapter 7 IBC ) .....  | Yes _____ NO _____                             |
| 24. | Sprinkled Structure ( Chapter 9 ) .....   | Yes _____ NO _____                             |
| 25. | Fire Alarm: .....( Chapter 9 IBC ) .....  | Yes _____ NO _____                             |
| 25. | Distance from Building to the Nearest two Fire Hydrants:.....   | 1 _____ 2 _____<br>(As a Vehicle would Travel) |
| 26. | Standpipe: (Chapter 9) .....  | Yes _____ NO _____                             |
| 27. | Structural Design Verified: .....   | Yes _____ NO _____                             |
| 28. | Electronic Submittal .....  | Yes _____ NO _____                             |
| 29. | Grading, Drainage and Storm water PERMITS for this property .....   | Yes _____ NO _____                             |
|     | If you have them:<br>GRA _____ - _____<br>SWP _____ - _____   |  |



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DOCUMENTS \ DRAWINGS INCLUDED

- |  |     |    |
|--|-----|----|
| 1. Civil Drawings:                         | Yes | NO |
| 2. Architectural Drawings:                 | Yes | NO |
| 3. Plumbing Drawings:                      | Yes | NO |
| 4. Electrical Drawings:                    | Yes | NO |
| 5. Mechanical Drawings:                    | Yes | NO |
| 6. Landscape Drawings:                     | Yes | NO |
| 7. Irrigation Drawings:                    | Yes | NO |
| 8. Dark Sky Compliance:                    | Yes | NO |
| 9. Lighting Energy Code Compliance:        | Yes | NO |
| 10. Envelope Energy Code Compliance:       | Yes | NO |
| 11. Mechanical Energy Code Compliance:     | Yes | NO |
| 12. Door Schedule:                         | Yes | NO |
| 13. Window Schedule:                       | Yes | NO |
| 14. Plumbing Schedule:                     | Yes | NO |
| 15. Asbestos Report:                       | Yes | NO |
| 16. Storm Water Pollution Prevention Plan: | Yes | NO |

TAS COMPLIANCE

- |                                    |     |    |
|------------------------------------|-----|----|
| 1. Doors / Hardware                | Yes | NO |
| 2. Access Route (Public)           | Yes | NO |
| 3. Space Requirements              | Yes | NO |
| 4. Bathrooms                       | Yes | NO |
| 5. Parking / Van Accessible        | Yes | NO |
| 6. Counters                        | Yes | NO |
| 7. EAB Registration Number # _____ |     |    |

**CPR / PBA PLAN REVIEW:** I am requesting an expedited plan review: I understand additional fees will apply

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT

DATE

Notice: A. This permit becomes null and void if work or construction authorized is not commenced and inspections called for and obtained within 6 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after work is commenced.

B. Separate Permits are required for electrical , mechanical and / or plumbing.

AFFIDAVIT:

I hereby certify that I have read and examined this application and know the same to be true and correct. All Provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other federal, state or local law regulating construction or the performance of construction. I also hereby certify that the information on the site plan is true and correct and that all known easements have been properly shown. I also understand that I am required by city ordinance to notify a Texas "one call" system before starting any excavation or digging work.

SIGNATURE OR OWNER (IF OWNER IS CONTRACTOR)

DATE

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT

DATE

TDLR (Architectural Barriers) 1-800-803-9202

Central Appraisal 1-915-780-2000

Required: TEXAS ONE CALL SYSTEM 1- 800- 344- 8377 OR 1- 800- DIG-TESS

[http://www.elpasotexas.gov/development\\_services/](http://www.elpasotexas.gov/development_services/)

Must Be COMPLETELY Filled Out



# RESIDENTIAL

## IRC Code Datasheet Application

### DEVELOPMENT SERVICES DEPARTMENT BUILDING PERMITS & INSPECTIONS DIVISION

Case # \_\_\_\_\_

(Not to be filled out by applicant, assigned by BP & I)

|     |   |
|-----|---|
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| 4.  | Architect/Contractor _____ Phone _____<br>Architect _____ Engineer _____  |
| 5.  | Scope of Work _____<br>New _____ Addition _____ Remodel _____<br>Valuation: \$ _____  |
| 6.  | Zone: _____ If SP or SC then provide Copy of Contract   |
| 7.  | Parking Provided: Spaces _____  |
| 8.  | Area Square Footage: (Remodel) _____ S.F.   |
| 9.  | New Square Footage: (Heated Area) _____ S.F.  |
| 10. | 1 <sup>st</sup> . Floor _____ S.F.  |
| 11. | 2 <sup>nd</sup> . Floor _____ S.F.  |
| 12. | Porch/Patio Square Footage: _____ S.F.  |
| 13. | Garage Square Footage: _____ S.F.   |
| 14. | Flood Plain ZONE: ..... Yes _____ NO _____  |
| 15. | Basement: ..... Yes _____ NO _____  |
| 16. | Sprinklers: ..... Yes _____ NO _____  |

#### SUB-CONTRACTORS LIST FOR THIS PROJECT

|          |             |
|----------|-------------|
| ELECTRIC | Phone _____ |
| MECHANIC | Phone _____ |
| PLUMBING | Phone _____ |

**“ALL HIGHLIGHTED AREAS MUST BE “COMPLETELY FILLED”**

#### DOCUMENTS \ DRAWINGS \ VERIFICATIONS

|   |                    |
|---|--------------------|
| ✓ Civil Drawings (Plot Plan w/ Elevations): | Yes _____ NO _____ |
| ✓ Architectural Drawings:                   | Yes _____ NO _____ |
| ✓ Envelope Energy Code Compliance:          | Yes _____ NO _____ |
| ✓ Door Sizes Noted:                         | Yes _____ NO _____ |
| ✓ Window Sizes Noted:                       | Yes _____ NO _____ |

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DATE

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AFFIDAVIT: I hereby certify that I have read and examined this application and know the same to be true and correct. All Provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other federal, state or local law regulating construction or the performance of construction. I also hereby certify that the information on the site plan is true and correct and that all known easements have been properly shown. I also understand that I am required by city ordinance to notify a Texas “one call” system before starting any excavation or digging work.

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SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT

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**TDLR (Architectural Barriers) 1-800-803-9202**

**Central Appraisal**

**1-915-780-2000**

**Required: TEXAS ONE CALL SYSTEM 1- 800- 344- 8377 OR 1- 800- DIG-TESS**

**[http://www.elpasotexas.gov/development\\_services/](http://www.elpasotexas.gov/development_services/)**

Must Be COMPLETELY Filled Out



## **IRRIGATION PERMIT Commercial and Residential**

**Two (2) complete plan sets and an electronic copy of all plan sets will be required.  
Applicant will need the following information:**

1. IBC Code Data Sheet (Commercial) or IRC Code Data Sheet (Residential) Permit Application available at [www.elpasotexas.gov](http://www.elpasotexas.gov)
2. Legal description of property, (lot, block, subdivision, tract or survey) available at [www.elpasocad.org](http://www.elpasocad.org)
3. Complete address of property.
4. Dimensioned site plan drawn to scale.

When any person installing irrigation systems or doing major alteration, repair, or service within the territorial limits or extraterritorial jurisdiction of the City of El Paso, a permit is required.

A registered contractor with the City of El Paso may call in and pay for the permit with a credit card. If a homeowner pulls an irrigation permit they must come down to the fifth floor of City Hall located at 2 Civic Center and pay for the permit in person. The home you are irrigating shall be designated as your homestead.

### **There are no other requirements.**

Upon completion of the irrigation system, major repair, alteration or service the permit holder shall call the City of El Paso to schedule a final inspection.

The permit holder for a residential final inspection shall provide the inspector with a plan stamped by a licensed irrigator, paperwork that the backflow was tested, works properly and make sure that the system was installed to local and state laws. If you are the homeowner and need your backflow tested you may call the El Paso Water Utilities at (915) 594-5500 and ask for a list of certified testers.

The permit holder for commercial property shall provide the inspector an approved set of plans , paperwork that the backflow was tested upon installation, make sure that the system was installed per approved plan and local and state laws

Mayor  
John F. Cook

#### **City Council**

*District 1*  
Ann Morgan Lilly

*District 2*  
Susannah M. Byrd

*District 3*  
Emma Acosta

*District 4*  
Melina Castro

*District 5*  
Rachel Quintana

*District 6*  
Eddie Holguin Jr.

*District 7*  
Steve Ortega

*District 8*  
Beto O'Rourke

City Manager  
Joyce A. Wilson

*Dedicated to Outstanding Customer Service for a Better Community*

**S E R V I C E   S O L U T I O N S   S U C C E S S**



## **Frequently Asked Irrigation Questions**

**Question:** When is a permit required for irrigation?

**Answer:** A permit is required when a person is installing, altering, or performing major repair or service to an irrigation system within the city limits or surrounding ETJ.

**Question:** What is major repair or service?

**Answer:** Major repair or service is when any activity involved opening the system mainline to the atmosphere. This includes but not limited to repairing or connecting to the mainline, replacing or adding control valves to the system and repairing the backflow device where it is open to the atmosphere.

**Question:** Who can pull an irrigation permit?

**Answer:** Any person, who connects, repairs, alters irrigation systems shall hold a master plumbers license, a licensed irrigator in the State of Texas or a homeowner. A homeowner may install his or her system if the work is being performed at their homestead but must meet the standards set fourth by the State and local government. Local standards can be obtained by going to the city web site at [www.elpasotexas.gov](http://www.elpasotexas.gov) and look under municipal code 18.47.

**Question:** How much is the permit fee?

**Answer:** The fees may change from time to time, so it is in your best interest to call Development Services Department, (for clarification purposes). The Business Center number is 915-541-4558.

**Question:** What do I do when I am finished with my installation?

**Answer:** When you have completed the installation, call Development Services to schedule a final inspection. The number to call is 915-313-6100

**Question:** What should I have ready or how does the inspection process work?

**Answer:** You should expect an inspector the following day from the day you scheduled the inspection. The Inspector shall ask for a plan stamped by a Texas licensed irrigator and paperwork showing that the backflow device was tested upon installation, when required. The inspector shall verify that the installation has met state and local standards under 18.47 of the municipal code and the state law under chapter 344 of TCEQ rules and regulations.

If you have any further questions, please you contact;  
David Kania at (915) 472-5970, or Alfredo Reyes at (915)472-3709

Mayor  
John F. Cook

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City Manager  
Joyce A. Wilson

### **Development Services Department**

Victor Q. Torres - Director

2 Civic Center Plaza – 5<sup>th</sup> Floor · El Paso, Texas 79901 · (915) 541-4622 · Fax (915) 541-4799